



ASSUMED BUSINESS NAME APPLICATION

Willard Rooks Helander
Lake County Clerk
18 N. County Street, Rm. 101
Waukegan, IL 60085
(847) 377-2400

Name of Business: _____

Nature/Purpose: _____

(Describe the service or type of business)

Address(es) where business is to be conducted or transacted in this county:

(legal street address) (city, state, zip) (phone)

(post office or other mail only address) (city, state, zip) (phone)

Name and post office or residence address of the person(s) owning, conducting or transacting business:

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(name) (name)

(street) (street)

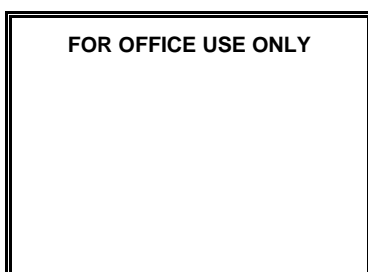
(city, state, zip) (phone) (city, state, zip) (phone)

STATE OF ILLINOIS)
COUNTY OF LAKE)

This is to certify the undersigned intend(s) to conduct the above named business from the location(s) indicated and that the true and legal full name(s) of person(s) owning, conducting or transacting the business is/are correct as shown.

(signature) (date) (signature) (date)

(signature) (date) (signature) (date)



The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public